Further for the year 2006-07, orders for procuring drugs for 85,000 patients have been placed. They are likely to reach the designated centres by the end of May 2006.

Leaving of doctors from AIIMS

2974. SHRIMATI SHOBHANA BHARTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether exodus of top talented doctors, financial mismanagement and unrest among the faculty of AIIMS has deteriorated the functioning of the Institute;

(b) if so, whether at least 75 faculty members have left AIIMS during the last ten years;

(c) whether recently four senior doctors have left and many are ready to leave;

(d) if so, what steps Government propose to take to restore its proper functioning and also to meet their demands; and

(e) what are their main demands?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) The All India Institute of Medical Sciences has reported that during years from 1995 to 2006, around 75 doctors either resigned or voluntarily retired. On an average, 7-8 doctors leave the Institute, every year. This is not a new phenomenon, which is normally expected in a centre of excellence, in any competing values frame work.

Maternal deaths

2975. SHRI VIJAY J. DARDA:
SHRIMATI MOHSINA KIDWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that UP alone accounts for close to 40,000 maternal deaths per year, followed by Orissa, Rajasthan and other States, and further between 4 and 5 million women suffer ill-health due to child bearing complications;

(b) if so, how Government propose to tackle this gigantic health problem especially when the causes are preventable to a large extent; and

(c) whether Government are thinking of taking the active help of NGOs especially in areas where problems like inadequate medical facilities, or the indifferent attitude of medical practitioners, or lack of transport for quick movement of patients, etc. are faced with?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) State-wise data on number of maternal deaths are not available. However, the Maternal Mortality Rates (MMR) as estimated for major states by the Registrar General of India for the year 1998 are given in the statement [Refer to the Statement appended to the Answer to U.S.Q. 2960 Part (a) to (d)]. The estimates show that Uttar Pradesh has the highest MMR in the country. Data on ill health due to child bearing complications is not available. However, experts estimate that 10-15% of pregnant women are likely to develop complications during pregnancy and child birth.

(b) and (c) The Reproductive & Child Health (RCH) Programme which among other things aims at bringing down the maternal mortality rate, is under implementation in all States and Union Territories of the country since 1997. Under this programme various interventions focussed on reducing maternal deaths, like provision of essential obstetric care, skilled attendance at birth, emergency obstetric care and provisions of referral services are being implemented. The second phase of RCH Programme which has been launched in April, 2005 further strengthens the reproductive & Child Health Services.

Government of India have also launched the National Rural Health Mission (NRHM) in order to improve the availability of and access to quality health care including services for Immunization and Safe Motherhood. The mission seeks to provide effective health care to rural population throughout the country with special focus on 18 States, which have weak public health indicators and/or weak infrastructure. These States are Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu & Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttaranchal and Uttar Pradesh. The Mission will operate over a period of seven years from 2005 to 2012. The Reproductive & Child Health Programme is a compponent under the NRHM.

Under the NRHM, the services provided under the RCH Programme will be strengthened through:

- Implementation of Janani Suraksha Yojana (JSY) under which cash incentives are provided to pregnant women belonging to families Below Poverty Line (BPL) if they deliver at a health center/hospital.
- Appointment of Accredited Social Health Activist (ASHA) for every village with a population up to 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for antenatal care, institutional delivery and post-natal checks and immunization to children.
- Operationalising 2000 Community Health Centers as First Referral Units (FRU) for providing emergency Obstetric and Child Health services.
- Making 50% Primary Health Centers functional for providing 24-hours delivery services, over the next five years.
- Ensuring quality of services by implementing Indian Public Health Standards (IPHS) for Primary Healthcare Facilities.
- NGOs are being actively involved under the Mission. Funds are provided to the States for appointing Mother NGOs and Field NGOs in each district of the country in order to provide services in the underserved and unserved areas of these districts.

Over dose of vitamin A under NPPNB

2976. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 70 million children below three years are being given extremely high dose of Vitamin A under National Programme for Prevention of Nutritional Blindness which can cause toxicity and lead to weak bones; and

(b) if so, the steps proposed to be taken to prevent adverse effect of 66,000 mcg of Vitamin A against recommended dietary allowance of (RDA) of 400 mcg. per day?